

action against Iraq would be successful or lead America into action against Iraq with no allies. I believe we have no consensus on an invasion of Iraq and I am requesting a full review by Congress of the Administration's move against Iraq now—and where it will lead us.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 327, SMALL BUSINESS PAPERWORK RELIEF ACT

Mr. LINDER, from the Committee on Rules, submitted a privileged report (Rept. No. 107-510) on the resolution (H. Res. 444) providing for consideration of the Senate amendments to the bill (H.R. 327) to amend chapter 35 of title 44, United States Code, for the purpose of facilitating compliance by small businesses with certain Federal paperwork requirements and to establish a task force to examine the feasibility of streamlining paperwork requirements applicable to small businesses, which was referred to the House Calendar and ordered to be printed.

THE NEED FOR A MEDICARE PRESCRIPTION DRUG PLAN

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening, and I have a couple of my colleagues on the Democratic side that will join me, I am going to be talking again about the need for a Medicare prescription drug plan. I think, as you know, we have a situation where tomorrow, hopefully, if not Wednesday, we are finally going to see an opportunity in committee for the Republican leadership in the House to present what they claim to be a prescription drug plan, and hopefully an opportunity for the Democratic proposal also to be considered, both in the Committee on Energy and Commerce as well as in the Committee on Ways and Means.

I know that some of my colleagues know that for the last 2 months myself as well as some of the Members who are going to be joining me tonight have been demanding really that the Republican leadership bring up a prescription drug plan and allow us to consider prescription drugs on the floor of the House. It has been far too long since the Republican leadership has essentially stalled on a proposal. But now we hear that tomorrow, if not Wednesday, they are finally going to allow the two committees of jurisdiction to consider the prescription drug issue.

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I would point out, however, though, that my concern over the Republican proposal, which we still do not have, but we have been provided some sort of

vague description of, is not a Medicare prescription drug plan; in other words, it is not going to cover all of the seniors who are currently under Medicare and provide them with a prescription drug guaranteed plan under Medicare. Rather, what the Republicans propose to do is to simply throw some money to private insurance companies in the hope that they will offer drug-only policies and that some seniors would be able to take advantage of those. They also do not address the issue of cost at all; they do not have any mechanism to bring costs down.

Democrats have been saying all along in our proposal which we have put forward, basically, it would provide a Medicare-guaranteed drug benefit, a generous benefit; 80 percent of the cost would be paid for by the Federal Government, every senior would be guaranteed the benefit across the country, and we would bring costs down by basically saying or mandating that the Secretary of Health and Human Services negotiate lower drug prices because he now represents or has the negotiating power for 40 million American seniors.

Now, I would like to yield some time, but I want to point out, Mr. Speaker, that the problems with the GOP drug plan have been pointed out many times by many experts. Over the weekend, actually in Sunday's New York Times, Sunday, June 16, there was an article called "Experts Wary of GOP Drug Plan." I am not going to get into it now; I may a little later this evening. But basically they say in this article that drug-only coverage is not affordable and that insurers will not provide it. So essentially under the Republican plan, most seniors, if not every senior, will not be able to get a decent prescription drug program, if any at all.

With that, I would like to yield to the gentlewoman from Texas (Ms. JACKSON-LEE), who has joined me on many of these lonely evenings when we have tried to get the point across that we need to debate the prescription drug proposal; even if it is a lousy proposal on the part of the Republicans, let us debate it. Let us have an opportunity to contrast it with the Democratic proposal. I am pleased to say to the gentlewoman that it looks like, I am keeping my fingers crossed, but it looks like tomorrow or Wednesday, at least in committee, that opportunity will present itself. So I yield to the gentlewoman.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished gentleman. The reason I have joined the gentleman is because I can think of, among the many issues that we have to contend with, no issue that has prolonged itself disastrously as much as providing seniors the opportunity to have a prescription drug benefit with Medicare. I would like to just put these words on our screen, because there must be someone across America sighing right now: Seniors have waited long enough.

I am trying to count the months that have gotten down to 48 months, I think, and if I am not mistaken, that may be 4 years, and I think it has probably been 4 years and counting that we have tried day after day, month after month, and session after session to be able to respond to seniors who are in need. So if I can say anything, I can share with my colleagues this evening that I can take the time to talk about what we have come up with, because I believe seniors have waited too long. I can at least share our thoughts as to how we hope the hearings will proceed on Wednesday.

Let me just take a slightly different twist, because the gentleman is right. There are many experts on this legislative process that we hope will come into fruition on Wednesday, and I am hoping that we can challenge the pharmaceutical companies to look at what we have put forward and begin a real partnership in terms of answering the concerns of seniors. One, I do not see how they cannot acknowledge that seniors have waited too long and that, in fact, we have a proposal that is fair and balanced. I was trying to discern what the Republicans are offering. Let me just share why I think this is effective.

One of the things that we have to address with seniors is to give them a plan that is real, that does not have a lot of smoke and mirrors, because if we do that, it is confusing, it is stressful for seniors. I have been in pharmacies, and I believe when we debated last week, we talked about our good friend from Arkansas who owned a pharmacy, and I applauded him for the small pharmacies, the mom-and-pop or the family-owned pharmacies, how much they extend themselves to help our seniors and explain to them about the drugs, to try to share with them that they cannot take half of the amount that the prescription requires. But I can imagine, if we were to utilize what we think might be the Republican plan, the confusion of many seniors around the Nation trying to understand what they have.

Ours is plain and simple. It has no gaps, it has no gimmicks. The premium is \$25 a month, the deductible is \$100 a year; coinsurance, beneficiaries pay 20 percent, plain and simple; Medicare pays 80 percent, plain and simple. Out-of-pocket limit, \$2,000 per beneficiary per year. We must realize that sometimes this is an economic hit, if you will, for our seniors who are husbands and wives with high prescription drug costs. It takes a large amount out of their collective income and, therefore, putting this amount so that they know what they can budget and know the options that they have, pretty plain and simple.

Additional low-income assistance. Of course, many of our congressional districts, whether we are urban or rural, have individuals who have incomes that are not going through the roof. So we are prepared to give assistance for